

## **The Lords' report on complementary/alternative medicine: something for everyone**

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The story goes that two men, both thinking that one was cheated by the other, were summoned by a wise judge for arbitration. After the first man had presented his version of the controversy, the judge said, 'you are right'. When the second man told his side of the story, the judge said, 'you are right'. 'But hold on,' commented a third man, 'they cannot both be right.' The judge contemplated for a while and responded 'you are right too'.

A House of Lords Science and Technology Select Committee has recently looked into the weird and wonderful world of complementary and alternative medicine (CAM)<sup>1</sup>. For 15 months the panel listened to many individuals who understand CAM (and I believe to many who do not), they made site visits, they ploughed through tons of paper and they took expert advice. As in the above story, the resulting judgment is eminently good and wise, not least because it contains something for everyone.

The epidemiologist will be pleased to learn that the prevalence of CAM use in the UK requires more detailed study. The public health expert will be glad to hear that regulation and training of practitioners is being suggested, to prevent harm to the consumer. Sceptics will feel comfortable with the statement that 'regulation could lead to a misleading public perception of improved status'. The scientist will be relieved to read that all medicine should be evaluated in (roughly) the same way, no matter whether it is complementary or mainstream. The CAM-provider will be delighted to hear that we should all work towards integrating the credible parts of CAM into routine healthcare. The quack-buster will be encouraged that there are some 'alternative disciplines which lack any credible evidence' and that it is 'vital' to protect the public from 'incompetent practitioners'. The dedicated follower of CAM will welcome the recommendation that medical students should become familiar with the potential uses of CAM and that 'every medical school ensures that all their medical undergraduates are exposed' to CAM. Many CAM practitioners will be heartened by the suggestion that doctors who practise CAM should have proper training in

the techniques they employ. Researchers will be excited and reassured about the prospect that ring-fenced funds are coming their way for conducting investigations into CAM and that research (as well as the organizations overseeing it) must be demonstrably independent—that is, no dominated by interest groups who want to prove rather than test CAM. Finally, everyone will agree that the information on CAM should become reliable, comprehensive and available.

So is this report a glorious triumph of common sense or a frivolous indulgence in platitudes? If one reads the report carefully, one finds intriguing statements where the Lords seem to have abandoned their otherwise impressive urge to be politically correct. For instance, I do admire the statement that 'the media and other unregulated sources have an undue influence on opinion in the field'. After the publication of the report, several journalists phoned me and gave me the impression (or even admitted) that they had not actually read it. Yet they went on to publish articles about it in seemingly respectable daily newspapers. There are other parts that I find remarkable—e.g. the statement that 'diagnostic procedures must be reliable and reproducible'. There is a common misapprehension that we are talking merely about therapeutic techniques. The truth is that many CAM modalities entail their very own diagnostic procedures, most of which are not validated and some of which have been documented not to be valid<sup>2-4</sup>. What I also like is the Lords' clear position about research methodology. The randomized controlled trial (RCT) is certainly not inherently inadequate for assessing the efficacy/effectiveness of CAM interventions<sup>5</sup>. Those CAM enthusiasts who insist to the contrary merely demonstrate that they ought to learn more about research methodology. The Lords are keen to point out that the seemingly never-ending debate about the value of the RCT for CAM research is simply a waste of time. Another thing that I applaud is the Lords' list of research priorities: efficacy, safety and cost are their first three items. This coincides beautifully with the priorities I defined for my department 7 years ago and have proclaimed *ad nauseam* since then<sup>6</sup>.

While the report makes many good points, one might wonder about validity of several other remarks. The Lords make it clear that 'the conclusions from research into efficacy of the various CAMs are far outside the remit of this report'. Indeed, their original call for evidence did not ask for such data. Yet the report is full of judgments about efficacy. It states for instance that there is good evidence of the efficacy of chiropractic and that traditional Chinese

medicine lacks any credible evidence<sup>1</sup>. Neither of these statements is entirely true<sup>7,8</sup>. I am also not quite as optimistic as the Lords regarding the conclusion that 'there is no doubt that many CAM therapies are very safe'. Although the safety issues are extremely complex and woefully under-researched, risks undoubtedly do exist<sup>9</sup>. More importantly, absolute risks are almost irrelevant in view of the all-important question whether a given CAM intervention does more good than harm: demonstrable risks must be weighed against demonstrable benefits. Because reliable data are lacking, this is still impossible in many areas of CAM.

So what will be the impact of this (on balance, rather good) report? Officially, it constitutes nothing more than a recommendation to Government, and the Government can respond in any way it sees fit. My prediction is that the Government (like everyone else) will find much in the report that it can support, not least with an eye on the voter's opinions. But proposals that involve spending money might be quite a different matter. I fear that the Government, already hard-pressed for healthcare funds, will be quite happy to leave private medicine (i.e. CAM) private. So, after all this hard work, the eventual result may amount to little more than any set of deliberations aimed at making people happy without really advancing anything at all. I truly hope I am wrong.

## REFERENCES

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